

<b>Notice of Allowability</b>	Application No.	Applicant(s)
	10/044,341	PROVOOST ET AL.
	Examiner Mike Tomaszewski	Art Unit 3626

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address--

All claims being allowable, PROSECUTION ON THE MERITS IS (OR REMAINS) CLOSED in this application. If not included herewith (or previously mailed), a Notice of Allowance (PTOL-85) or other appropriate communication will be mailed in due course. THIS NOTICE OF ALLOWABILITY IS NOT A GRANT OF PATENT RIGHTS. This application is subject to withdrawal from issue at the initiative of the Office or upon petition by the applicant. See 37 CFR 1.313 and MPEP 1308.

1.  This communication is responsive to 12/18/06.
2.  The allowed claim(s) is/are 14-26.
3.  Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
  - a)  All
  - b)  Some\*
  - c)  None
  1.  Certified copies of the priority documents have been received.
  2.  Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3.  Copies of the certified copies of the priority documents have been received in this national stage application from the International Bureau (PCT Rule 17.2(a)).

\* Certified copies not received: \_\_\_\_\_.

Applicant has THREE MONTHS FROM THE "MAILING DATE" of this communication to file a reply complying with the requirements noted below. Failure to timely comply will result in ABANDONMENT of this application.  
THIS THREE-MONTH PERIOD IS NOT EXTENDABLE.

4.  A SUBSTITUTE OATH OR DECLARATION must be submitted. Note the attached EXAMINER'S AMENDMENT or NOTICE OF INFORMAL PATENT APPLICATION (PTO-152) which gives reason(s) why the oath or declaration is deficient.
5.  CORRECTED DRAWINGS ( as "replacement sheets") must be submitted.
  - (a)  including changes required by the Notice of Draftsperson's Patent Drawing Review ( PTO-948) attached
    - 1)  hereto or 2)  to Paper No./Mail Date \_\_\_\_\_.
  - (b)  including changes required by the attached Examiner's Amendment / Comment or in the Office action of Paper No./Mail Date \_\_\_\_\_.

Identifying indicia such as the application number (see 37 CFR 1.84(c)) should be written on the drawings in the front (not the back) of each sheet. Replacement sheet(s) should be labeled as such in the header according to 37 CFR 1.121(d).
6.  DEPOSIT OF and/or INFORMATION about the deposit of BIOLOGICAL MATERIAL must be submitted. Note the attached Examiner's comment regarding REQUIREMENT FOR THE DEPOSIT OF BIOLOGICAL MATERIAL.

#### Attachment(s)

1.  Notice of References Cited (PTO-892)
2.  Notice of Draftsperson's Patent Drawing Review (PTO-948)
3.  Information Disclosure Statements (PTO/SB/08),  
Paper No./Mail Date \_\_\_\_\_
4.  Examiner's Comment Regarding Requirement for Deposit  
of Biological Material
5.  Notice of Informal Patent Application
6.  Interview Summary (PTO-413),  
Paper No./Mail Date \_\_\_\_\_.
7.  Examiner's Amendment/Comment
8.  Examiner's Statement of Reasons for Allowance
9.  Other \_\_\_\_\_.

  
JOSEPH THOMAS  
SUPERVISORY PATENT EXAMINER

## **DETAILED ACTION**

### ***Notice To Applicant***

1. A request for continued examination under 37 CFR 1.114, including the fee set forth in 37 CFR 1.17(e), was filed in this application after final rejection. Since this application is eligible for continued examination under 37 CFR 1.114, and the fee set forth in 37 CFR 1.17(e) has been timely paid, the finality of the previous Office action has been withdrawn pursuant to 37 CFR 1.114. Applicant's submission filed on 12/18/06 has been entered.
2. Claims 1-25 are pending. Claims 1, 3, 8, 11, 12, 14,15, and 21-23 have been amended.

### ***Examiner's Amendment***

3. Authorization for this Examiner's Amendment was given in a telephone interview with Mr. Carl Reed on 1/30/07..

The application has been amended as follows: Claims 1-13 have been cancelled.

***Reasons For Allowance***

4. Claims 14-25 have been deemed allowable. The Examiner's statement for allowance is as follows:

(A) Claim 14 is directed to a client system that is associated with an institutional health care provider and communicates with a server system adapted to facilitate processing of an insurance claim, a method of providing a supporting document to the server system to enable a carrier associated with the insurance claim to process an insurance claim, the method comprising the acts of:

- (1) receiving, at the client system associated with the institutional health care provider, patient information, insurance information, and treatment information entered into a computer-displayable claim form displayed by the client system;
- (2) the client system transmitting an insurance claim that includes the patient information, insurance information, and treatment information from the client system to the remote server computer using computer-displayable the claim form;;
- (3) the client system identifying a supporting document that is required to process the insurance claim while displaying the claim form;

- (4) the client system converting the supporting document into an electronic format from the client system;
- (5) the client system transmitting the supporting document in the electronic format from the client system;
- (6) the client system receiving verification that the insurance claim is in condition for advance payment; and
- (7) the client system receiving a first portion of an advance payment for the insurance claim in a first account, wherein a second portion is credited to a second account that is not accessible to the institutional health care provider until debited at least for service fees by an entity that advanced payment to the client system.

The closest prior art of record, Boyer et al. (6,208,973; hereinafter Boyer) teaches a patient settling an adjudicated settlement transaction, where the Internet bank functions as a credit card merchant bank and debits the cardholder's credit account against the healthcare provider's payable via the credit card network, where the Internet bank executes a direct deposit of funds in the healthcare provider's account. The healthcare provider receives payment of the part of the healthcare transaction that the patient is responsible for. The Internet bank then exchanges data with the third party payor (insurance company), where the data is adjudicated by the adjudication engine. The Internet bank then transfers the healthcare provider's payable from the third party payor's account to a disbursement account and then the Internet bank transfers the

third party payor's receivable from the disbursement account of the Internet bank for distribution to the healthcare provider's bank account. See Boyer: col.10, line 35-col. 11, line 18 for the discussion of these features.

However, Boyer fails to teach a client system that is associated with an institutional health care provider and communicates with a server system adapted to facilitate processing of an insurance claim, a method of providing a supporting document to the server system to enable a carrier associated with the insurance claim to process an insurance claim, the method comprising the acts of: the client system receiving a first portion of an advance payment for the insurance claim in a first account, wherein a second portion is credited to a second account that is not accessible to the institutional health care provider until debited at least for service fees by an entity that advanced payment to the client system.

Claims 15-20 incorporate the features of claim 21 and thus, are allowed for the same reasons given above.

(B) Claim 21 is directed to a computer system associated with a carrier that processes insurance claims, wherein the computer system is capable of communicating with a server system of a payment entity, a method of processing an insurance claim comprising the acts of:

(1) the computer system receiving an insurance claim associated with a health care provider in an electronic format from a payment entity, wherein

the payment entity made a fund distribution request to a financial entity such that a first portion of an advance payment is accessible to the health care provider and a second portion of the advance payment is not accessible to the health care provider;

- (2) the computer system receiving a notice indicating the accessibility of an electronic image of a supporting document associated with the insurance claim;
- (3) the computer system accessing the electronic image of the supporting document, the electronic image stored on a server system of the payment entity;
- (4) the computer system displaying the electronic image of the supporting document to enable the carrier to process the insurance claim; and
- (5) the computer system adjudicating the insurance claim based on information in the insurance claims and in the electronic image of the supporting document; and
- (6) the computer system making payment on the insurance claim to the payment entity that advanced payment on the insurance claim to a health care provider, wherein the payment entity debits the second portion for at least one of service fees, interest on any unpaid balances or unpaid balances and then credits a remaining part of the second portion to the health care provider.

The closest prior art of record, Boyer et al. (6,208,973; hereinafter Boyer) teaches a patient settling an adjudicated settlement transaction, where the Internet bank functions as a credit card merchant bank and debits the cardholder's credit account against the healthcare provider's payable via the credit card network, where the Internet bank executes a direct deposit of funds in the healthcare provider's account. The healthcare provider receives payment of the part of the healthcare transaction that the patient is responsible for. The Internet bank then exchanges data with the third party payor (insurance company), where the data is adjudicated by the adjudication engine. The Internet bank then transfers the healthcare provider's payable from the third party payor's account to a disbursement account and then the Internet bank transfers the third party payor's receivable from the disbursement account of the Internet bank for distribution to the healthcare provider's bank account. See Boyer: col.10, line 35-col. 11, line 18 for the discussion of these features.

However, Boyer fails to teach a computer system associated with a carrier that processes insurance claims, wherein the computer system is capable of communicating with a server system of a payment entity, a method of processing an insurance claim comprising the acts of: the computer system making payment on the insurance claim to the payment entity that advanced payment on the insurance claim to a health care provider, wherein the payment entity debits the second portion for at least one of service fees, interest on any unpaid balances or unpaid balances and then credits a remaining part of the second portion to the health care provider.

Claims 22-26 incorporate the features of claim 21 and thus, are allowed for the same reasons given above.

5. Any comments considered necessary by Applicant must be submitted no later than the payment of the issue fee and, to avoid processing delays, should preferably accompany the issue fee. Such submissions should be clearly labeled "Comments on Statement of Reasons for Allowance."
  
6. The prior art made of record and not relied upon is considered pertinent to Applicant's disclosure. The cited but not applied art teaches provider claim editing and settlement system (6,341,265); method and apparatus for processing health insurance applications over a network (US 2003/0083906); system and method for managing insurance claim processing (5,950,169); a medical transaction system (5,644,778); a computerized healthcare accounts receivable purchasing, collections, securitization and management system (5,704,044); a health insurance management system (5,235,507); a loans and lines of credit provided to terminally ill individuals (US 2001/0047325); an automated posting of medical insurance claims (5,235,702); a payment of health care insurance claims using short-term loans (7,072, 842); a payment of health-care insurance claims using short-term loans (US 2002/0091549); a system and method for facilitating selection of benefits (US 2002/0049617); an apparatus and method for

processing and/or for providing healthcare information and/or healthcare-related information (6,283,761); systems and method for processing claims in real-time (WO 02/086688); a medical insurance verification and processing system (4,491,725); a point of service third party financial management vehicle for the healthcare industry (6,208,973); an all care health management system (5,301,105); a medical payment system (4,858,121); a health care payment adjudication and review system (5,359,509); a method and system for processing health care electronic data transactions (5,930,759); and a claim data and document processing system (US 2004/0205664).

The cited but not applied prior art also includes non-patent literature articles by Robinson-Crowley, Christine ("Understanding Patient Financial Services" Copyright 1998. Aspen Publishers.); Mueller, Christopher ("Evidence: Practice Under the Rules" Copyright 1999. Aspen Publishers. 2nd Edition); Business Editors ("MedCom USA Inc. Names New CEO" Aug 9, 2001. Business Wire. pg. 1.); PR Newswire ("AnciCare Builds State-of-the-Art Billing Efficiency With New eStellarNet Payer Connectivity Agreement" Apr 27, 2001. pg. 1.); Business Editors ("VantageMed and eStellarNet Announce Strategic Relationship for Electronic Processing of Non-Group Health Transactions" Dec 19, 2000. Business Wire. pg. 1.); Business Editors ("MD-Online.com Appears On Alexander Haig's World Business Review TV Series. Oct 24, 2000. Business Wire. pg. 1.); PR Newswire ("Claimsnet.com Enters Into Co-branding Partnership With Synertech®" Sep 18, 2000. pg. 1.); Business Editors ("DrFirst.com Launches Secure Message Exchange Network Health Care Providers; DrFirst.com solves major problem in health care industry - securely connecting its participants" Aug 22, 2000. pg. 1.); PR

Newswire ("Physiciansite.com Announces Stock & Cash Transaction Valued At Approximately \$43 Million" Aug 24, 1999. pg. 1.); e-StellarNet (<http://web.archive.org/web/20010201203200/http://www.estellarnet.com/>. Copyright 1997-2001.); MD On-line.com ([http://web.archive.org/web/20010815084319/mdon-line.com/md\\_welcome.htm](http://web.archive.org/web/20010815084319/mdon-line.com/md_welcome.htm). Copyright 2000.); and Claimsnet.com (<http://web.archive.org/web/20011217201034/www.claimsnet.com/public/>. Copyright 2000.).

7. Any inquiry concerning this communication or earlier communications from the examiner should be directed to Mike Tomaszewski whose telephone number is (571)272-8117. The examiner can normally be reached on M-F 7:00 am - 3:30 pm.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on (571)272-6776. The fax phone number for the organization where this application or proceeding is assigned is 571-273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a

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USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or 571-272-1000.

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